

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent 5	Good (4)	Average 3	Below Average 2	Poor 1	Not Applicable <input type="checkbox"/>
1. How well did we answer your questions about the proposed transportation project?	5	(4)	3	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	(4)	3	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	5	(4)	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	5	(4)	3	DEPT OF TRANSPORTATION RIGHT-OF-WAY		<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	(4)	3	MAR 09 2004		<input type="checkbox"/>

Comments:

RECEIVED

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name:

Phone Number: ( )

To be completed by NHDOT Right-of-Way Agent

*Called 3/11/04 said we did OK she thought we wanted her to fill out name and #*

Project Number: **EPPING 13940**

Parcel Number:

t:\misc\2003\wpj\letters\propertyownersurvey0603.doc

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